



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
MORRIS	GEORGE "RED"	A.	808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITOL CONSULTANTS OF HAWAII			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 808-677-7999	
CLINICAL LABORATORIES OF HAWAII, LLP		
MAILING ADDRESS (Street)	FAX 808-677-7990	
91-2135 FORT WEAVER ROAD, #300		
(City)	(State)	(Zip Code)
EWA BEACH	HI	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY		
MAILING ADDRESS (Street)	FAX 808-533-4601	
222 SOUTH VINEYARD STREET, SUITE 401		

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(City)	(State)	(Zip Code)
HONOLULU	HI	96813-2453

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture  <input type="checkbox"/> Communications & Public Utilities  <input type="checkbox"/> Consumer Protection & Commerce  <input type="checkbox"/> Culture, Arts, Historic Preservation  <input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Education  <input checked="" type="checkbox"/> Government Operations & Finance  <input type="checkbox"/> Hawaiian Affairs  <input checked="" type="checkbox"/> Health  <input type="checkbox"/> Housing	<input type="checkbox"/> Human Services  <input type="checkbox"/> Intergovernmental Relations, International Affairs  <input type="checkbox"/> Labor & Employment  <input type="checkbox"/> Planning, Land & Water Use Management  <input type="checkbox"/> Public Safety & Corrections	<input checked="" type="checkbox"/> Science, Technology & Economic Development  <input type="checkbox"/> Tourism & Recreation  <input type="checkbox"/> Transportation  <input type="checkbox"/> Other: (indicate below)
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**PART IV CERTIFICATION OF LOBBYIST**

<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
(Signature of Lobbyist)	4/6/05 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
MOON S. PARK, M.D.	CHAIRMAN AND CHIEF EXECUTIVE OFFICER
NAME OF ORGANIZATION (if applicable)	TELEPHONE 808-677-7999
CLINICAL LABORATORIES OF HAWAII, LLP	
MAILING ADDRESS (Street)	FAX 808-677-7990
91-2135 FORT WEAVER ROAD, #300	
(City)	(State)
EWA BEACH	HI
	(Zip Code)
	96706
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
(Signature of Authorizing Officer or Person Represented)	4/1/05 (Date)